

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030727

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 105

FILED AUG 21 1962

VS 300
Rev. 4/59

6410
29140

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Des Moines</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Highway #13 (Rural)</u>		c. CITY OR TOWN <u>Des Moines</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 1/2 Mile South of Bethany</u>		d. STREET ADDRESS (If outside, give location) <u>1520 Michigan St.</u> Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Leslie Otis Ellison</u>		4. DATE OF DEATH Month Day Year <u>August 11, 1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>do not know</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>do not know</u>	
11. BIRTHPLACE (City and state or country) <u>Pamona, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>Otis Ellison</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Friends and pocket contents</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken neck</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
DUE TO (b) <u>Auto Accident on Highway #13 South of Bethany</u>			
DUE TO (c) <u>Multiple injuries of chest and abdomen</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple injuries of chest and abdomen</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Collision 2 cars involved</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>8-11-1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Rural Harrison County, Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at <u>D.O.A. 8-11-1962 3:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ernest L. Wood</u> (Degree or title) <u>Coroner D.O.</u>		22b. ADDRESS <u>Bethany, Missouri</u>	
22c. DATE SIGNED <u>8-11-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eagleville Masonic</u>	23d. LOCATION (City, town, or county) (State) <u>Eagleville, Missouri.</u>
24. FUNERAL DIRECTOR <u>W. B. Haas</u>		25. DATE RECD. BY LOCAL REG. <u>8-12-1962</u>	26. REGISTRAR'S SIGNATURE <u>Jella Maxey</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 30 1962

SEP 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. B. Haas
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.